

<i>SERFF Tracking Number:</i>	<i>REGU-125354455</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2007-2092</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Commercial Umbrella Declarations Form</i>		
<i>Project Name/Number:</i>	<i>/2007-2092</i>		

Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial Umbrella SERFF Tr Num: REGU-125354455 State: Arkansas

Declarations Form

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.2020 Commercial Umbrella & Excess

Co Tr Num: 2007-2092

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Joanne Sullivan

Disposition Date: 11/26/2007

Date Submitted: 11/09/2007

Disposition Status: Approved

Effective Date Requested (New): 11/15/2007

Effective Date (New):

Effective Date Requested (Renewal): 11/15/2007

Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 2007-2092

Domicile Status Comments:

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/26/2007

State Status Changed: 11/26/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Technology Insurance Company, Inc. (TIC) and Wesco Insurance Company, Inc. (WIC) are submitting a Commercial Umbrella Declaration form for their Umbrella program. The Declarations form in this filing will be used for all Commercial Umbrella policies.

Enclosed for your review:

•CUDEC – Commercial Umbrella Declarations

SERFF Tracking Number:	REGU-125354455	State:	Arkansas
First Filing Company:	Technology Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2007-2092		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2020 Commercial Umbrella & Excess
Product Name:	Commercial Umbrella Declarations Form		
Project Name/Number:	/2007-2092		

An EFT in the amount of \$50.00 has been initiated to cover your state's filing fees.

We ask that this filing become effective for all policies effective on or after November 15, 2007.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Joanne Sullivan,	joannesullivan@ircllc.com
50 Broad Street	(212) 571-3989 [Phone]
New York, NY 10004	() -[FAX]

Filing Company Information

Technology Insurance Company, Inc.	CoCode: 42376	State of Domicile: New Hampshire
55 Capital Boulevard	Group Code: 2538	Company Type: P&C
6th Floor		
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 02-0449082	

Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
55 Capital Boulevard	Group Code: 2538	Company Type:
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 85-0165753	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR fee is \$50.00 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Wesco Insurance Company	\$50.00	11/09/2007	16570457
Technology Insurance Company, Inc.	\$0.00	11/09/2007	

SERFF Tracking Number:	REGU-125354455	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/26/2007	11/26/2007

<i>SERFF Tracking Number:</i>	<i>REGU-125354455</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Commercial Umbrella Declarations Form</i>		
<i>Project Name/Number:</i>	<i>/2007-2092</i>		

Disposition

Disposition Date: 11/26/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: REGU-125354455 State: Arkansas
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: 2007-2092
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess
Product Name: Commercial Umbrella Declarations Form
Project Name/Number: /2007-2092

Item Type	Item Name	Item Status	Public Access
Supporting Document	Authorization Letter	Approved	Yes
Form	Commercial Umbrella Policy	Approved	Yes

SERFF Tracking Number:	REGU-125354455	State:	Arkansas
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Company Tracking Number:	2007-2092		
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Project Name/Number:	/2007-2092		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Umbrella Policy	CUDEC	0106	Declaration New s/Schedule		0.00	TIC Umbrella Dec.pdf WIC Umbrella Dec.pdf

**Technology Insurance Company, Inc.**

55 Capital Boulevard

PO Box 758

Rocky Hill, CT 06067

COMMERCIAL UMBRELLA POLICY

Policy Number	Policy Period	From	To
12:01A.M. Standard Time at the Named Insured's Address			
Transaction			
Named Insured and Address		Agent	
		Telephone:	
Business Description	Form of Business	Audit Period (if applicable)	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE**EACH OCCURRENCE LIMIT****(LIABILITY COVERAGE)**

\$

PERSONAL & ADVERTISING INJURY LIMIT

\$

Any one person or
organization**AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to
"covered autos")**

\$

SELF-INSURED RETENTION

\$

\$

Sub-total Premium

\$

STATE TAX OR OTHER (if applicable)

\$

TOTAL PREMIUM (SUBJECT TO AUDIT)

\$

____ Subject to Audit

____ Not Subject to Audit

PREMIUM SHOWN IS PAYABLE:**AT INCEPTION**

\$

ENDORSEMENTS**ENDORSEMENTS ATTACHED TO THIS POLICY:**



Technology Insurance Company, Inc.
55 CAPITAL BOULEVARD
PO Box 758
ROCKY HILL, CT 06067

Policy Number:

Named Insured:

1. SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Bodily injury by accident	\$	Each Accident
Bodily injury by disease	\$	Each Employee
Bodily injury by disease	\$	Policy Limit
	or \$	Each Accident/Occurrence

Commercial General Liability

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

General Aggregate	\$
Products-Completed Operations Aggregate	\$
Personal And Advertising Injury	\$
Each Occurrence	\$

Commercial Auto Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Garage Aggregate Limit For Other Than Autos (if applicable)	\$
Each Accident	\$

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned this _____ day of _____,



Authorized Representative

**Wesco Insurance Company**

55 Capital Boulevard

PO Box 758

Rocky Hill, CT 06067

COMMERCIAL UMBRELLA POLICY

Policy Number	Policy Period	From	To
12:01A.M. Standard Time at the Named Insured's Address			
Transaction			
Named Insured and Address		Agent	
		Telephone:	
Business Description	Form of Business	Audit Period (if applicable)	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE**EACH OCCURRENCE LIMIT
(LIABILITY COVERAGE)**

\$

PERSONAL & ADVERTISING INJURY LIMIT

\$

Any one person or
organization**AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to
"covered autos")**

\$

SELF-INSURED RETENTION

\$

\$

Sub-total Premium

\$

STATE TAX OR OTHER (if applicable)

\$

TOTAL PREMIUM (SUBJECT TO AUDIT)

\$

_____ **Subject to Audit**_____ **Not Subject to Audit****PREMIUM SHOWN IS PAYABLE:****AT INCEPTION**

\$

ENDORSEMENTS**ENDORSEMENTS ATTACHED TO THIS POLICY:**



Wesco Insurance Company
55 CAPITAL BOULEVARD
PO Box 758
ROCKY HILL, CT 06067

Policy Number:

Named Insured:

1. SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Bodily injury by accident	\$	Each Accident
Bodily injury by disease	\$	Each Employee
Bodily injury by disease	\$	Policy Limit
	or \$	Each Accident/Occurrence

Commercial General Liability

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

General Aggregate	\$
Products-Completed Operations Aggregate	\$
Personal And Advertising Injury	\$
Each Occurrence	\$

Commercial Auto Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Garage Aggregate Limit For Other Than Autos (if applicable)	\$
Each Accident	\$

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned this _____ day of _____,



Authorized Representative

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Authorization Letter	Review Status:	
Comments:		Approved	11/26/2007
Attachments:			
FA Letter TIC.pdf			
FA Letter WIC.pdf			



Technology Insurance Company

An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Technology Insurance Company, Inc.** This authorization extends to all correspondence regarding this filing.

Christopher Zentner
Name

10/1/07
Date

Vice President, Compliance
Title

Technology Insurance Company, Inc.
Company


Signature

646-458-7922
Telephone #

**Re: Technology Insurance Company, Inc.
NAIC #: 2538-42376 FEIN #: 02-0449082
Commercial Umbrella Declarations Form Filing**



Wesco Insurance Company

An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner
Name

10/11/07
Date

Vice President, Compliance
Title

Wesco Insurance Company
Company


Signature

646-458-7922
Telephone #

**Re: Wesco Insurance Company, Inc.
NAIC #: 2538-25011 FEIN #: 85-0165753
Commercial Umbrella Declarations Form Filing**